

DISCLOSURE REGARDING BACKGROUND INVESTIGATION

Hope Healthcare Services (“the Company”) may obtain information about you from a consumer reporting agency to determine whether you will be permitted to take part in certain volunteer opportunities. Thus, you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends or associates. These reports may contain information regarding your criminal history, credit history, motor vehicle records (“driving records”), and verification of your education or employment history or other background checks. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to volunteers is an investigation into your education and/or employment history conducted by Secure Search, 558 Castle Pines Parkway, Castle Rock, Colorado 80108, (866) 891-1954, <https://www.securesearchpro.com/>, or another outside organization. You should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the DISCLOSURE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of “consumer reports” and/or “investigative consumer reports” by the Company at any time after receipt of this authorization and throughout the time in which I am volunteering, if applicable. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, insurance company or other party to furnish any and all background information requested by Secure Search, 558 Castle Pines Parkway, Castle Rock, Colorado 80108, (866) 891-1954, <https://www.securesearchpro.com/>, another outside organization acting on behalf of HHS, and/or HHS itself. I agree that a facsimile (“fax”) or electronic or photographic copy of this Authorization shall be as valid as the original.

Signature _____ Date _____

Print Name _____

Maiden Name (If applicable) _____

Full Address (Include City/State/Zip)

*Social Security Number _____ *Date of Birth _____

***Required for background screening purposes only. NO credit check is done.**